

KEITH E. HOPKINS, F-38525
CMF. P.O. Box 2000, Vacaville,
CA. 95696-2000

"Petitioner in Pro se."

FILED

2008 MAY 21 P 3:19

RICHARD W. WIEKING
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA. S.J.

CLERK OF THE U.S. DISTRICT COURT
Northern District of California
280 South First St., Room 2112
San Jose, CA. 95113-3095

RE: TRAVERSE TO RESPONDENTS ANSWER IN CASE NO. C 07-5624 JF (PR)
Keith E. Hopkins (Petitioner) v. Susan L. Hubbard, Warden,
(Respondent).

To the United States District Court for the Northern District of
California:

Petitioner Keith E. Hopkins, hereby files his Traverse to the
State Attorney Generals Answer, pursuant to rules governing section
2254 cases under United States Code, Title 28, §2254 (d) (1).

Petitioner denies the truth of respondents answer, controverts
each matter alleged and affirms the facts set forth in his petition
as follows:

SUMMARY

On July 17, 2006, petitioner pleaded no contest to two counts
of committing a lewd or lascivious act upon a child under the age of
14. Cal. Penal Code §288(a). CT 34, 35-37; RT 333-56. On August 14,
2006, the trial court sentenced petitioner to five years in state
prison. CT 175-78.

On June 22, 2007, the California Court of Appeal affirmed the
judgment. On August 29, 2007, the California Supreme Court denied
review. Ex. 7. On November 6, 2007, petitioner filed the instant
federal habeas corpus petition under 28 U.S.C. §2254, raising the
following issue: The trial court violated his due process rights by
not initiating competency proceedings after being confronted with
substantial evidence of incompetence prior to sentencing. Petition
at 6.

On February 1, 2008, this Court issued an Order to Show Cause,
directing the respondent to answer pursuant to Rule 5 of the Rules
Governing Section 2254 Cases.

ARGUMENT

PETITIONER WAS DENIED DUE PROCESS UNDER THE FOURTEENTH AMENDMENT TO THE UNITED STATES CONSTITUTION WHEN THE TRIAL COURT WAS CONFRONTED WITH RELIABLE AND SUBSTANTIAL EVIDENCE AND FAILED TO CONDUCT A COMPETENCY HEARING.

Legal Standard

Section 1367 codifies the long established precedent that the convictions and sentence of a legally incompetent person violates due process of law. (Pate v. Robinson (1966) 383 U.S. 375, 377; People v. Pennington (1967) 66 Cal. 2d 508, 511.) Failure of the trial court to employ procedures to protect against the trial and sentence of an incompetent person deprives the defendant of his due process right to a fair trial and requires reversal of the conviction. (Pate v. Robinson, supra.)

The cornerstone of Petitioner Hopkins claim is that he suffers from Bipolar Disorder. (See Attached Exhibits,) which is commonly known as manic depressive illness. It is a psychotic disturbance of the mind, characterize by mood changes from extreme euphoria to extreme depression, which my last from a day to weeks or months at at time. When experiencing one of the extreme mood periods, "also known as episodes," Petitioner is out of touch with reality. One such incidence occurred on July 17, 2006, when Petitioner Hopkins pleaded no contest to the two accounts of penal code §288(a)

When substantial evidence of the defendant's incompetence is introduced before the court a competency hearing is mandatory, even absent a request by either party. (People v. Landermilk (1967) 67 Cal. 2d 272, 283; Ppeople v. Koontz (2002) 27 Cal. 4th 1041, 1064.) Evidence is substantial if it raises a reasonable doubt as to the defendant's comptence to stand trial. (People v. Jones (1991) 53 Cal. 3d 1115, 1152, § 1368. Once a reasonable doubt as to the defendant's comptence is raised, the trial court is required to, "on its own proceedings is supposed to be suspended until the question is determined by a sanity hearing." (People v. Tomas (1977) 74 Cal. App. 3d 75, 88.)) The failure to order such a hearing when faced with substantial evidence of defendant's mental incompetence deprives the court of it's jurisdiction to pronounce judgment and is per se prejudicial. (People v. Pennington, supra, 66 Cal. 2d at p. 521.) "Indeed, once a doubt has aræsen as to the competence of the defendant to stand trial, the trial court has no jurisdiction to proceed with the case against the defendant without first determining his competence in a section 1368 hearing, and the matter cannot be waived by defenador his counsel." (Id., at p.518.)

Reliable Evidence

A probation report is required following every felony conviction in this state. (§ 1203c.) California Rules of Court Rule 4.411.5 details the contents of the probation report. Both the defense and the prosecution are required by statute to have an opportunity to review and challenge any inaccuracies in the probation report. (§§ 1170, subd. (B); §1203, subd. (b) (2) (E).)

Sentencing courts consider and rely upon hearsay statements contained in a probation report when determining whether to place a defendant on probation, and when evaluating his level of culpability when selecting an appropriate sentence. (§1203, subd. (b) (3); Cal. Rules of Court, Rule 4.411, subd. (d).)

Courts routinely rely upon hearsay statements contained within probation reports to make factual findings concerning the details of the crime. "In every felony proceeding in the State of California a probation report is required and must be read and considered by the sentencing judge. The Legislature does not require trial court judges to read and consider "unreliable" documents as a prerequisite to the imposition of sentence." (People v. Miller (1994) 25 Cal. App. 4th 913,918.)

In another context, a statement made by a victim of crime about the value of stolen constitutes "prima facie evidence of value for purpose of restitution." (People v. Foster (1993) 14 Cal. App. 4th 939, 946.) Absent a challenge by the opposition party, an award in the amount stated in the probation report, based upon the victim's statement, is valid.

Moreover, petitioner Hopkins did advised his defense counsel numerous times before pleading No Contest that he was severely Depressed, and suffered BiPolar Disorder. Additionally, clinical Psychologist - Stephen J. Donoviel, Phd., in his mental status exam, informed petitioner's Defense Counsel "before trial" that Mr. Hopkins suffered Schizoaffective/Bipolar Disorder, with psychotic features, (see exhibit #A, Pg. 4.)

Numerous Licensed Psychiatrists / psychologists, have determined that when a patient is "Episodic", suffering from Bipolar Depression. He/she tends to be out of touch with reality and cannot be said to compose enough mental faculties to understand the Constitutional Rights he was waiving by pleading Guilty.

Petitioner stands on all fours with these same cases: Pate v. Robinson (1966) 383 U.S. 375, 377; People v. Pennington (1967) 66 Cal. 2d 508, 511; Johnson v. Zerbst, 304 U.S. 458; Rees v. Peyton, 384 U.S. 312, 86 S. 1505 (1966), (See also Petitioner's attached mental health records, exhibits - "A, B, and C).

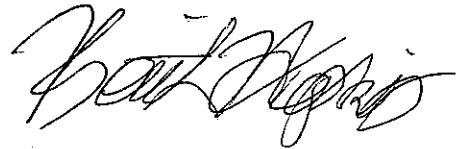
Traverse

CONCLUSION

Accordingly, petitioner respectfully requests that his petition for writ of habeas corpus be granted.

Dated: May 10, 2008

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Keith Hopkins", written in a cursive style.

Keith E. Hopkins

EXHIBITS

EXHIBTTTS

EXHIBIT

A

STEPHEN J. DONOVIEL, Ph.D.

Clinical Psychologist
1141 Division Street
Napa, California 94559
(707) 255-2755

July 16, 2006

CONFIDENTIAL REPORT

Law Offices of
Michael H. Keeley
816 Brown Street
Napa, California 94559

re: Keith Edwards Hopkins
CR128767
DOB 03/27/84

Dear Mr. Keeley:

This report is in response to your request and the order of the Court to complete a psychological evaluation of the above Mr. Hopkins with special attention to his competence pursuant to PC 1367, his state of mind at the time of the alleged offenses pursuant to PC 1026, as well as his personality and general psychological status. My findings and opinions are based on the following sources of information: the judicial file you provided which included the Napa Police Department reports concerning the investigation of the events of August through November, 2005, and the transcript of the preliminary hearing conducted on April 28, 2006, that led to his charges; his current medical records from the California Forensic Medical Group (CFMG) and his medical record from the Napa County Health and Human Services Agency (NCHHSA); diagnostic interviews and testing on June 9, 13, 14 and 15, 2006 (totaling ten hours); and, his work on the Bender-Gestalt, Bender Memory, Heimberger-Reitan Test for Lateralizing Lesions, Wechsler Memory Scale-Revised (partial), Wechsler Adult Intelligence Scale-Revised (WAIS-R)(eight subtests), Goldstein-Scheerer Color Form Test, The Sex Offender Questionnaire, Personal Sentence Completion Inventory, Millon Clinical Multiaxial Inventory-III (MCMI-III) and the Minnesota Multiphasic Personality Inventory-2 (MMPI-2). The interviews were conducted at the Napa County Department of Corrections.

Mr. Hopkins presented as a slender, 22-year-old, Caucasian male who appears his chronological age. He was dressed in clean jail denims, his hair was cut in a short buzz style, his hygiene appeared adequate and, in general, his appearance was appropriate

Michael H. Keeley

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July 16, 2006

to the setting. He indicated that he understood the limits of confidentiality, i.e., that a report would be sent only to you and that further distribution of the information would be determined following consultation between the two of you. He agreed to proceed, cooperated with all of the procedures and worked diligently for extended periods, e.g., continuously for three hours on two occasions.

Mr. Hopkins was correctly oriented to time, place, person and circumstance. His speech was frequently delivered with moderate pressure accompanied by exaggerated theatrical gesticulations and affectation. Also, it was noted that, while his speech was clearly understandable, there is a mild impediment with mispronunciation of certain letter combinations. The content of his responses was typically goal directed but was often rambling and reflected loose associations and excessive tangential and circumstantial digressions. Also, while there was no evidence of actual delusional beliefs, his responses strongly indicate that he perceives himself as having been victimized throughout his life and that he tends to create an elaborate fantasy world and may, at times, have a hard time differentiating his fantasies from reality. His mood was mildly dysphoric and his affective expression labile.

Mr. Hopkins said that he was born in Napa and is the fourth oldest of six siblings and half-siblings. He described a rather tumultuous childhood, claiming that his biological parents abused drugs. He said his father died of complications of heart surgery when he was thirteen and that he "hated" his stepfather. He outlined several traumatic events during his childhood, including recollections of his cousin "doing something to me that pushed me away," implying a sexual molestation, and several head injuries, e.g., being hit with a baseball bat and golf clubs, that rendered him unconscious but he did not recall being taken to a doctor or hospitalized. When asked who hit him, he said, "family and friends...I don't know, somebody who didn't like me, it's not a nurturing family." He attended local schools and was an "average" student but noted that he hated junior high at Redwood. He said that during his sophomore year in high school he threatened a peer, was kicked out and placed in the Napa County Juvenile Detention Center (NCJDC). He said that he was released but subsequently returned for some violation and apparently remained at NCJDC where he graduated from high school in 2002 and was released sometime after his eighteenth birthday.

He said that while he was at NCJDC he was prescribed psychiatric medication, Paxil and Depakote, and that it helped him but he did not like feeling lethargic and stopped taking the medications following his release. (I should note that, unfortunately, his medical files during his stay at the Hall could not be located despite considerable effort on the part of CFMG and Napa County staff members.) After his release he became a homeless person and lived for several months at the Shelter. He then lived with his sister before enlisting in the Navy and beginning boot camp in October 2003. He said he was released as an "Erroneous Entry" approximately two months later after a major psychiatric event, during which he threatened suicide and was reportedly diagnosed with a serious affective disorder and AD/HD. He was apparently prescribed psychotropic medications but, again, he did not take them when on his own.

Michael H. Keeley

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Following his return to Napa, he has lived with various relatives, as a homeless person and in supportive housing. He had been receiving services, i.e., housing and case management, under the auspices of NCHHSA but continued to refuse medication. Apparently his behavior became more disorganized and disruptive and in the spring of 2005 he was discharged from Coit House and was again homeless for approximately three months when he was taken in by a sister. In August 2005, his case file with NCHHSA was closed and he was referred to the Solano County Mental Health Access line due to the fact he had reportedly moved out of the NCHHSA catchment area.

Mr. Hopkins's work history is negligible consisting of a few days of doing yard work and helping relatives with newspaper deliveries. He also was enrolled with Dream Catchers, but said that he mostly spent time on the internet talking to out-of-state friends. He is the recipient of SSI benefits, but has required a payee because of his impulsivity and inability to properly manage his funds. He acknowledged that he has an adult criminal record, noting that he was released from probation for embezzlement in the fall of 2005. He denied use or involvement with alcohol or illegal drugs and I find nothing in the available records to suggest otherwise.

The data suggest that with the exception of the instant offenses, Mr. Hopkins's sexual experiences have been relatively typical. He reported that he began masturbating in his early teens and engaged in sexually-related exploration with peer-aged girls during his mid-teens. He claimed to have engaged in sexual intercourse with five different female partners, all peer-aged and all with mutual consent beginning at age eighteen. He has been involved in one incident of bondage with a prior girl friend who tied his hands behind him. Also, he reported he occasionally has fantasies of a threesome with his current partner and her female friend. He met his current partner online approximately three years ago and she subsequently moved to California. She has a child by another partner, although Mr. Hopkins refers to her as his wife and the child as his own—one of his many fantasized creations, which when pushed he eventually admits is not in fact true.

His account of the incidents in the current case was closely aligned with the information in the police reports and preliminary hearing. He continues to dispute the number of times it occurred, stating he only remembers two incidents. He denies prior homosexual encounters or pedophilic activity or fantasies. When asked why the behavior occurred in light of his statements that he knew it was wrong, that he could get in trouble and that the victim was like family or his little brother, he rationalized that it was he who was the victim which, as noted above, he does with most aspects of his life. For example, he said that he felt pressured and threatened by him as a result of John Doe's persistent requests. At another point, he said, "He knew I was depressed; he took advantage of me 'cause it's easy to do."

His work on the psychological tests indicated that his attention, concentration and span of recall for information presented visually and verbally are well within the average of his age group as are his immediate and short-term memory functions as measured by

Michael H. Keeley

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the screening tests. His work on the WAIS-R places him in the Average Range of intelligence although there was significant inter- and intra-test variability. His poorest performances—which were significantly below average—occurred on a measure of general information and one that assesses common-sense reasoning and an awareness of appropriate social judgment and behavior. His arithmetic skills, ability to perceive abstract relationships between objects or ideas and to categorize them into logical groups and his alertness and sensitivity to visual detail are all at the average of his age group. His performance on tasks that require the ability to distinguish essential from irrelevant detail, anticipate consequences of actions and arrange data into logical and meaningful sequence was above average. His work on the Bender-Gestalt and other construction tests reflected a hurried impulsive approach although he maintained reasonably good fidelity to the stimuli and above average memory of the designs.

Mr. Hopkins' responses to the MCMI-III resulted in a valid profile indicative of serious psychopathology with affective and cognitive components. The profile indicates increasingly significant underlying conflicts about his dependency needs, wide labile mood swings, and periods of impulsivity and angry outburst. He feels extremely vulnerable and fears separation from the few individuals from whom he feels support. He is a rather immature, socially inadequate and vulnerable individual and the results suggest that he is undergoing a major depression characterized by agitation, somatic complaints, bizarre fragmented thinking, emotional dyscontrol with periods of feeling hopeless and thoughts of self-injurious or suicidal behaviors.

The data are indicative of a *Schizoaffective* or *Bipolar Disorder* as well as a *Personality Disorder with Schizotypal, Dependent and Negativistic traits and features*. He certainly would benefit from the appropriate psychotropic medications as well as psychosocial therapies. However, he has refused medication while at NCDC and his history, *vis-à-vis* treatment, has been that of non-compliance as noted above and it is likely that he would require a highly structured, secure environment to participate for the necessary length of time to derive lasting benefit.

With regard to the forensic issues, it is my opinion that he is competent within the meaning of PC 1367. He can articulate the charges, the behaviors that led to them and the potential consequences if found guilty. He is capable of cooperating in discussing the case, knows the pleas available to him and trusts that you are working in his best interest and feels that you have a good relationship. Also, it is my opinion that he was legally sane at the time despite his serious mental health issues. As he explained during the police interviews and the current evaluation, he knew the nature and quality of his behaviors and that they were morally as well as legally wrong. While he argued that he felt threatened, I find nothing that was different in his psychological status at the time of these events compared to the numerous other situations when he did not engage in the behaviors.

Michael H. Keeley

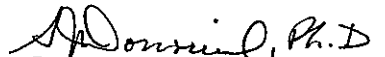
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In conclusion, I reiterate that Mr. Hopkins should begin treatment as soon as possible and urge that he request an appointment with the CFMG psychiatrist to discuss medications.

Thank you for referring this interesting case. Should you have further questions or require additional information, please do not hesitate to call.

Sincerely yours,


Stephen J. Donoviel, Ph.D.
Clinical Psychologist

Psy 3259
SJD/e

EXHIBIT

B

V. DSM IV Numerical - (Diagnosis, including provisional diagnosis and degree of uncertainty.)	
Axis I.	# 296.80 Bipolar Dis NOS <input type="checkbox"/>
	#
	#
Axis II.	# 777.99 Depressed
	#
Axis III.	See VMR New report today
Axis IV.	(current) Incarceration
VI. NEED FOR TREATMENT/LEVEL OF CARE:	
Axis V.	GAF= 45 Score based on: Interview <input type="checkbox"/>
Treatment Motivation: Wants eval	
<input type="checkbox"/> DOES NOT MEET CRITERIA FOR INCLUSION IN THE MH TREATMENT POPULATION <input checked="" type="checkbox"/> MEETS CRITERIA FOR INCLUSION IN THE MH TREATMENT POPULATION (SEE LOC BELOW)	
Evaluations: <input type="checkbox"/> Crisis Eval. <input checked="" type="checkbox"/> Medication Eval. <input type="checkbox"/> Psychological Testing <input type="checkbox"/> Other, describe below	
Recommended CDC Setting: <input type="checkbox"/> GP <input type="checkbox"/> CCCMS <input checked="" type="checkbox"/> EOP <input type="checkbox"/> MHCB <input type="checkbox"/> DMH DDPS # _____	
Rationale: multiple DMH Admissions, want return DMH	
Initial Treatment Plan (Include medication(s) target symptom & dose prescribed): <i>stay up steps</i>	
Evaluation Follow up: (Who and When)	
Medication Follow up: (Who and When)	
Reception Center Mental Health Evaluation Completed by: _____ Date: 1/23/07	
Clinician Name: PHILLIPS	Clinician Title: PSD
Clinician Signature: <i>Phillips</i>	Telephone: () 6428 Ext.: _____

MENTAL HEALTH ASSESSMENT: RECEPTION CENTER MENTAL HEALTH EVALUATION MH 7 [3/22/96] Page 3 of 3 Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE <i>EOP</i> Inpatient <input checked="" type="radio"/> Outpatient	Last Name: <i>Hepkins</i> MI: First Name: F 35525 32784 CDC # _____ DOB 11

State of California, Department of Corrections, Northern Region, Service Area II, Institution, San Quentin

Mental Health Treatment Plan Part One:

Page 2 of 2

IV. DSM IV Numerical ☒ Last MSE 12307 ☐ Last TP 1/1 MH 1 ☐ 1/1 Last MH 4 ☐1/1

Axis I

296.80 Bipolar Dis NOS

Axis II

799.89 Depressed

Axis III

see VPR - Non reported

Axis IV

(current stressor)

incarceration

Axis V

GAF = 45

Describe basis.

interview

V. Problem / Symptom List

#1

A/H Commands to Harm self

#2

Paranoia

#3

VI. Inmate's Strength and Weakness, Goals

Inmate's Treatment Goals, ☐ MH 6 InputWants TXTreatment Readiness: ☐ Amendable ☐ Motivated ☐ ResistantVII. Discharge Plan To: ☐ GP ☐ CCCMS ☒ EOP ☐ MHC ☐ DMHMENTAL HEALTH
TREATMENT PLANS,
UPDATES, REJUSTIFICATION
MH 2 [3/29/96]Part One: General, Team, MSE
Diagnosis, Problems, Inmate Strengths
Part Two: Problem Pages -- Results
Use Insert-a-Page of MH 1
Confidential Client/Patient Information
See W & I Code, Section 5328LEVEL OF
CARE

Inpatient

Outpatient

Last Name:

First Name:

MI:

EOPHOPKINS

CDC #

F-38525

DOB

32784

SUICIDE RISK ASSESSMENT CHECKLIST

LOC: ☐ NONE ☐ CCCMS ☒ EOP ☐ MHCB HOUSING: ☐ RC ☐ GP ☐ CTC ☐ ASU ☐ PSU/SHU ☐ OTHER

Marital Status: 5 Ethnicity: WHR Controlling Offense: Life Act on Minor Custody Level: _____ EPRD: _____

Reason for Suicide Risk Evaluation (check one of the following):

- ☐ To determine the need for referral to the Crisis (MHCB) program
☒ To assist with the discharge planning from CCCMS EOP for MHCB program
☐ To formulate treatment planning
☐ Other: _____

Sources of Information: ☒ C/O or Staff Interview ☐ I/M Interview ☐ UHR ☐ C-File

USE THIS CHECKLIST AS A GUIDE FOR THE CLINICAL ASSESSMENT OF SUICIDE RISK:

DRAFT

Static Risk Factors - (unchanging, historical):

- ☒ Ethnicity ☒ Sex Offender ☒ Suicide ideation/threats in past, Dates: 2/5/07 Veras
☐ History of Violence ☒ Previous suicide attempts (when and method): Threat to hang self
☒ History of suicide attempt in CDCR ☐ Family history of suicide
☐ History of substance abuse ☒ History of mental illness, Axis I Dx: Bipolar/Depression/ADHD

Slowly Changing Risk Factors - (long-term risk factors):

- ☒ First prison term ☐ Known new court proceedings/disciplinary actions
☐ Long or life sentence, three strikes ☒ Current Ad Seg, SHU or PSU terms
☒ History of poor impulse control or poor coping skills ☐ Level 4 custody score
☐ Early in prison term ☐ Chronic, serious or terminal illness
☒ Protective Custody ☒ Current CDCR inmate

Dynamic Risk Factors - (short-term risk factors; continue to assess):

- ☐ Recent suicidal ideation, acute/chronic ☒ Suicidal Plan more effectiveness, solitary
☒ Recent release from psychiatric hospital ☐ Anniversary of important loss
☐ Sudden calm following suicidal ideation/attempt ☐ Recent rejection or loss
☒ Anxious, agitated or fearful ☐ Single-cell placement
☒ Disturbance of mood (depression or mania) ☒ Significant current impulsivity
☐ Affective instability or lability cur ☒ Recent suicide attempt or self-injury 2/5/07
☒ Current insomnia, poor appetite or anorexia ☒ Well planned or highly lethal attempt/ideation
☐ Lack of perceived support system ☐ Hoarding or cheeking medication
☐ Hopelessness or helplessness ☐ Poor compliance with treatment or medication
☐ Feelings of guilt or worthlessness ☐ Recent trauma or threat to self-esteem
☐ Fearful for safety ☐ Recently assaultive or violent
☐ Pre-death behavior e.g. note, give things away

Protective Factors:

- ☐ Family support
☐ Children at home
☐ Religious support
☐ Spousal support
☐ Supportive friends
☐ Helping others
☐ Insight into problem
☐ Realistic life plan
☐ Exercises regularly
☐ Group activities
☐ Job assignment
☐ Other: _____

Evaluation of Risk Based On Above Factors, Interview of Inmate and other information:

Summarize: Attempted to hang self in cell today, wants to go to NAPA State -
Threatened to kill hang self on State inst. DR Freeman informed

☐ No Apparent Significant Risk ☐ Low Risk ☐ Moderate Risk ☒ High Risk ☐ Conditional Risk

Recommendation / Plan (check all that apply):

- ☒ Suicide Precautions ☒ Suicide Watch ☒ Danger to Self
☐ No referral needed ☐ Discharge to lower level of care ☐ DMH referral
☐ Referral to Primary Clinician/Case Manager ☒ Crisis bed placement on suicide precaution ☐ IDTT/TX plan to address risk factors
☐ Referral to Psychiatrist for medication review ☒ OHR Placement

Additional Comments: Referred switch from CDCR to DMH

Clinician Name/Title: Dr. Scuderi

Signature: [Signature]

Date: 1/1/08 Institution: _____

MENTAL HEALTH
 SUICIDE RISK ASSESSMENT
 CDC XXXX (1/04)

Confidential Client/Patient Information
 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

Last Name: Hypis First Name: Kith MI: _____

CDC # F38525 DOB 3/27/84

Date/
Time

1 Re-house patient in OHU on:

☐

Suicide Watch. Hard-tear mattress, hard-tear blanket, safety smock.

☒

Suicide Precautions. Hard-tear mattress, hard-tear blanket, safety smock.

☐

Psychiatric Observation. Regular mattress and blanket, shorts, T-shirt, socks, reading material.

2

Primary Dx:

Bipolar

Secondary:

3

Current LOC:

☐

None

☒

CCCMS

☐

EOP

☐

MHCB

☐

DMH

VAN VELKINBURG, Van Velkinburg PsyD.

Name and signature of licensed psychologist

4

Medications:

Paxil, Lilo.

5

Obtain TB Code. Place new TB test if needed.

6

Vital signs:

7

Diet:

8

Diagnostic tests and labs:

9

Other:

*noted,
w/achmed
10-11-06 at 1320W*

Name and signature of licensed psychiatrist

*PAU 230*San Quentin
OHU placement*Hopkins**F38525*

SAN QUENTIN
OUTPATIENT HOUSING UNIT RELEASE SUMMARY

Date placed in the OHU: 10/7/06 Date released from the OHU: 10/11/06
 on: Psychiatric Observation ☐ Suicide Precautions ☐ Suicide Watch ☒

Reason for placement in the OHU: 22 year old, Caucasian,
single NC admitted for
self-harm concerns.

Course: Pl. responded well to
conservative management without
complications.

Reason for release (or transfer) from the OHU: MAXIMIZED BENEFIT

Release to: Housing Unit ☐ [RC] [GP] [AdSeg] [CDM] in: (CCCMS) (EOP) // MHC ☐ // DMH ☐

Diagnosis: Bipolar Dx - w/o

Treatment Plan: PRAXIL - 30mg bid
LiCo₃ - 450mg/m + 900mg hs

Anticipated Outcome: MAINTAIN GAINS CM: Dr. Postaw
Psych. Dr. Gold-
berger

Follow-up: Dr. Van Volkenburg - 5dm Fx
☐ 1-Day Case Manager Follow-up
☒ 5-Day Suicide Risk custody Rounds ☐ SUICIDE RISK ASSESSMENT CHECKLIST completed.

Date: 10/11/06 Clinician: [Signature]

Inmate's Name: Hopkins, Keith CDC Number: F38525

3/27/04

Date/
Time

1 Re-house patient in OHU on:

1-Ac-11

- ☒ **Suicide Watch.** Hard-tear mattress, hard-tear blanket, safety smock.
- ☐ **Suicide Precautions.** Hard-tear mattress, hard-tear blanket, safety smock.
- ☐ **Psychiatric Observation.** Regular mattress and blanket, shorts, T-shirt, socks, reading material.

2 Primary Dx: Bipolar nos. Secondary: _____3 Current LOC: ☐ None ☒ CCCMS ☐ EOP ☐ MHCB ☐ DMHM. J. Downey

Name and signature of licensed psychologist

4 Medications:

see MAR5 Obtain TB Code. Place new TB test if needed. 226 Vital signs: T-98.6 3/11/81 105 2-147 Diet: regular

8 Diagnostic tests and labs: _____

9 Other: Ø

Name and signature of licensed psychiatrist

San Quentin
OHU placement

Hopkins, Keith

F-38525

DOB 3/27/84

2402
10/10/02
10/10/02
10/10/02

SUICIDE RISK ASSESSMENT CHECKLIST

LOC: ☐ NONE ☒ CCCMS ☐ EOP ☐ MHCB HOUSING: ☐ RC ☐ GP ☐ CTC ☐ ASU ☐ PSU/SHU ☐ OTHER
 Marital Status: Single Ethnicity: Caucasian Controlling Offense: P0288 Custody Level: 2011 EPRD: 2011

Reason for Suicide Risk Evaluation (check one of the following):

- ☐ To determine the need for referral to the Crisis (MHCB) program
☐ To assist with the discharge planning from CCCMS, EOP, or MHCB program

- ☒ To formulate treatment planning
☐ Other: _____

Sources of Information: ☒ C/O or Staff Interview☒ I/M Interview☒ UHR☐ C-File

USE THIS CHECKLIST AS A GUIDE FOR THE CLINICAL ASSESSMENT OF SUICIDE RISK:

DRAFT

Static Risk Factors - (unchanging, historical):

- ☒ Ethnicity Caucasian ☒ Sex Offender
☐ History of Violence
☒ History of suicide attempt ODP
☐ History of substance abuse

- ☒ Suicide ideation/threats in past, Dates: _____
☒ Previous suicide attempts (when and method): 11/16/01
☒ Family history of suicide
☒ History of mental illness, Axis I Dx: Major Depressive Disorder

Slowly Changing Risk Factors - (long-term risk factors):

- ☒ First prison term
☐ Long or life sentence, three strikes
☐ Hx of poor impulse control or poor coping skills
☐ Early in prison term
☒ Protective Custody

- ☐ Known new court proceedings/disciplinary actions
☒ Current Ad Seg, SHU or PSU terms
☐ Level 4 custody score
☐ Chronic, serious or terminal illness
☒ Current MHSDS inmate

Dynamic Risk Factors - (short-term risk factors; continue to assess):

- ☒ Recent suicidal ideation, acute/chronic
☒ Suicidal intent
☐ Recent release from psychiatric hospital
☐ Sudden calm following suicidal ideation/attempt
☐ Anxious, agitated or fearful
☒ Disturbance of mood (depression or mania)
☒ Affective instability or lability
☐ Current insomnia, poor appetite or anorexia
☐ Lack of perceived support system
☐ Hopelessness or helplessness
☐ Feelings of guilt or worthlessness
☒ Fearful for safety

- ☒ Suicidal Plan (note effectiveness, lethality)
☐ Anniversary of important loss
☐ Recent rejection or loss
☒ Single-cell placement
☐ Significant current impulsivity
☒ Recent suicide attempt or self-injury
☒ Well planned or highly lethal attempt / ideation
☐ Hoarding or cheeking medication
☐ Poor compliance with treatment or medication
☐ Recent trauma or threat to self-esteem
☐ Recently assaultive or violent
☐ Pre-death behavior e.g. note, give things away

Protective Factors:

- ☒ Family support
☐ Children at home
☐ Religious support
☐ Spousal support
☐ Supportive friends
☐ Helping others
☐ Insight into problem
☐ Realistic life plan
☐ Exercises regularly
☐ Group activities
☐ Job assignment
☐ Other: _____

Evaluation of Risk Based On Above Factors, Interview of Inmate and other information:

Summarize: _____

- ☐ No Apparent Significant Risk ☒ Low Risk ☐ Moderate Risk ☐ High Risk ☐ Conditional Risk

Recommendation / Plan (check all that apply):

☒ Suicide Precautions ☒ Suicide Watch ☒ Danger to Self

- ☐ No referral needed
☒ Referral to Primary Clinician/Case Manager
☐ Referral to Psychiatrist for medication review

- ☐ Discharge to lower level of care
☒ Crisis bed placement on suicide precaution
☒ CHC Placement

- ☐ DMH referral
☐ IDTT/TX plan to address risk factors

Additional Comments: _____

Clinician Name/Title: J. Dupree

Signature: _____

Date: 9/27/06Institution: SD

MENTAL HEALTH
 SUICIDE RISK ASSESSMENT
 CDC XXXX (1/04)

Confidential Client/Patient Information
 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

Last Name: HopkinsFirst Name: Keith

MI: _____

CDC # F38525DOB 3/27/84

**NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED**

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
		1.	Admit to the second floor: Medical patient:
10-7-06	1530		Psych: Suicide Watch: Suicide Precaution: Psych Observation
		2.	Admitting Primary DX: Bipolar NOS Secondary DX:
		3.	Strip Cell: Security hard tear blanket:
		4.	Inhouse level of care: Medical: Sub-acute:
			Long term care: Inpatient Psych: Non-medical care:
		5.	Isolation: No: Yes: HIV: Other
		6.	Vital Signs: Weekly: Daily: Q Shift: Other
		7.	Diet: Regular Renal: Other Diabetic:
		8.	Admission Labs: CBC: SMAC 24: Hepatitis Panel: Other Labs:
		9.	X-Ray:
		10.	Treatments:
		11.	IV Fluids:
		12.	Obtain TB Status: PPD if needed:
		13.	Tylenol 650 mg. Q 4 hrs. PRN pain LOS:
		14.	Yard Access to be determined by ward Physician:
		15.	Medication: Use Regular Physician's Order Sheet (CDC 7221)
		PHYSICIAN'S SIGNATURE: <i>[Signature]</i>	
ALLERGIES: <i>[Signature]</i>		INSTITUTION: <i>[Signature]</i>	ROOM/WING: <i>[Signature]</i>

Confidential
client information
See W & I Code, Section 4514 and
5328

PHYSICIAN'S ORDERS

CDC NUMBER, NAME (LAST, FIRST, MI)

Hopkins
F3852S

SAN GUENTIN
OUTPATIENT HOUSING UNIT RELEASE SUMMARY

Date placed in the OHU: 9/27/06 Date released from the OHU: 9/30/06

on: Psychiatric Observation ☐ Suicide Precautions ☐ Suicide Watch ☒

Reason for placement in the OHU: 22 year old, Concussion

Swing New commitment admitted
After we tried to harm myself.

Course: Pt. responded well to concu-
sion management with low
risk of DTS. He remains
hopeful about his future.

Reason for release (or transfer) from the OHU: maximize benefit

Release to: Housing Unit ☐ [RC] [GP] [AdSeg] [CDM] in {CCCMS} {EOP} // MHC ☐ // DMH ☐

Diagnosis: Bipolar Pt - ACS

Treatment Plan: ① Paxil - 30 mg bid
② LiCO₃ - 450 mg bid + 900 mg qd
③ risperdal - (m) - 2 mg bid

Anticipated Outcome: maintain gain

Follow-up: Dr. Dwyer - (day) F.I.

☒ 1-Day Case Manager Follow-up
☐ 5-Day Suicide Risk custody Rounds ☒ SUICIDE RISK ASSESSMENT CHECKLIST completed.

Date: 9/30/06 Clinician: [Signature]

Inmate's Name: Hopkins, Keith CDC Number: F38525

3/27/84

Date/
Time9/27/06
4pm

1 Re-house patient in OHU on:

- ☐ Suicide Watch. Hard-tear mattress, hard-tear blanket, safety smock.
- ☒ Suicide Precautions. Hard-tear mattress, hard-tear blanket, safety smock.
- ☐ Psychiatric Observation. Regular mattress and blanket, shorts, T-shirt, socks, reading material.

2 Primary Dx: Depressive NOS Secondary: _____3 Current LOC: ☐ None ☐ CCCMS ☐ EOP ☐ MHCBS ☐ DMH

Y. J. Van Vollenburg, PsyD.
Name and signature of licensed psychologist

4 Medications:

Paxil, Lithium, & Risperidone.

5 Obtain TB Code. Place new TB test if needed.

6 Vital signs: 105/40 Resp 21 97.9 84/587 Diet: Reg8 Diagnostic tests and labs: Ø9 Other: Ø

Name and signature of licensed psychiatrist

San Quentin
OHU placement

Hopkins

F38525

SUICIDE RISK ASSESSMENT CHECKLIST

LOC: ☐ NONE ☐ CCCMS ☐ EOP ☐ MHCB HOUSING: ☐ GP ☒ ADSEG ☐ PSU/SHU ☐ CTC ☐ OTHER

Marital Status: 5 Ethnicity: Caucasian Controlling Offense: Sex & Minor Custody Level: 1 EPRD: 5 yrs.

Reason for Suicide Evaluation (check one of the following):

- ☐ To determine the need for referral to the Crisis (MHCB) program ☒ To formulate treatment planning
☐ To assist with the discharge planning from CCCMS, EOP, MHCB program ☐ Other: _____

Sources of information: ☐ C/O or Staff interview ☒ I/M interview ☐ UHR ☐ C-File

USE THIS CHECKLIST AS A GUIDE FOR THE CLINICAL ASSESSMENT OF SUICIDE RISK:

Static Risk Factors – (unchanging, historical): Clark: _____ Gang: _____

- ☒ Ethnicity: White
☒ Sex Offender or a 13 yo boy
☐ History of violence
☐ History of substance abuse

- ☒ Suicide ideation/threats in past, Dates: last week
☐ Previous suicide attempts (when and method): _____
☒ Family history of suicide brother – many suicide attempts
☒ History of mental illness, Axis I Dx: Depression & Bipolar

Slowly Changing Risk Factors – (long-term risk factors):

- ☐ First prison term ☐ Known new court proceedings/disciplinary actions
☐ Long or life sentence, three strikes ☒ Current Ad Seg, SHU, or PSU terms
☐ Hx of poor impulse control or poor coping skills ☐ Level 4 custody score
☒ Early in prison term ☐ Chronic, serious or terminal illness

Dynamic Risk Factors – (short-term risk factors; continue to assess):

- ☒ Recent suicidal ideation, acute/chronic ☐ Anniversary of important loss
☐ Recent release from psychiatric hospital ☐ Recent rejection or loss
☐ Sudden calm following suicidal ideation/attempt ☒ Single-cell placement
☒ Anxious, agitated or fearful ☐ Significant current impulsivity
☐ Disturbance of mood (depression or mania) ☐ Recent suicide attempt or self-injury
☐ Affective instability or lability ☐ Well planned or highly lethal attempt / ideation
☐ Current insomnia, poor appetite or anorexia ☐ Hoarding or cheating medication
☐ Lack of perceived support system ☐ Poor compliance w/ treatment or medication
☒ Hopelessness or helplessness ☐ Recent trauma or threat to self-esteem
☐ Feelings of guilt or worthlessness ☐ Recently assaultive or violent
☐ Fearful for safety ☐ Pre-death behavior e.g. note, give things away

Protective Factors:

- ☒ Family support 4 mo old daug
☒ Children at home girl
☐ Religious support
☒ Spousal support
☐ Supportive friends
☐ Helping others
☐ Insight into problem
☐ Realistic life plan
☐ Exercises regularly
☐ Group activities
☐ Job assignment
☐ Other: _____

Evaluation of Risk Based On Above Factors Interview of Inmate and other information:

☒ No apparent significant risk ☒ Low Risk ☐ Moderate Risk ☐ High Risk ☐ Conditional Risk

Recommendation / Plan (check all that apply):

- ☒ No referral needed ☐ Discharge to lower level of care ☐ DMH referral
☐ Referral to Primary Clinician/Case Manager ☐ Crisis bed placement on suicide precaution ☐ IDTT/TX plan to address risk factors
☐ Referral to Psychiatrist for medication review ☐ Crisis bed placement on suicide watch

Additional Comments:

IM denying SI, denying Splan, & denying HI

Clinician Name/Title: B. Andres, Psy.D. Signature: [Signature] Date: 9-18-06 Institution: San Quentin SP

Contract Clinical Psychologist

MENTAL HEALTH
 SUICIDE RISK ASSESSMENT
 CDC XXXX (1/04) (rev.05/08/05)
 Confidential Client/Patient Information
 STATE OF CALIFORNIA DEPARTMENT OF
 CORRECTIONS

Last Name: HOPKINS First Name: Keth MI: _____
 CDC # F38525 DOB: 3/27/84

SAN QUENTIN
OUTPATIENT HOUSING UNIT RELEASE SUMMARY

Date placed in the OHU: 9/30/06Date released from the OHU: 10/13/06on: Psychiatric Observation ☐Suicide Precautions ☒Suicide Watch ☐Reason for placement in the OHU: 22 year old Caucasian
single, W.C. admitted for
manic episode & self-harm riskCourse: potential for response
well to conventional manage-
ment without complicationsReason for release (or transfer) from the OHU: maximized benefitRelease to: Housing Unit ☐ [RC] [GP] [AdSeg] [CDM] in: CCCMS {EOP} // MHCBC ☐ // DMH ☐Diagnosis: Bipolar De - W.C.Treatment Plan: PRIL - 30 mg bid
CIL03 - 450 mg m + 900 mg kAnticipated Outcome: maintain in C.R.S.

Dr. Posner, C

Dr. Posner, P.

Follow-up: Dr. Van Vollenburg - 5 day FL☐ 1-Day Case Manager Follow-up☒ 3-Day Suicide Risk custody Rounds☒ SUICIDE RISK ASSESSMENT CHECKLIST completed.Date: 10/13/06Clinician: [Signature]Inmate's Name: Hopkins, KeithCDC Number: F38525

3/27/84

SUICIDE RISK ASSESSMENT CHECKLIST

LOC: ☐ NONE ☐ CCCMS ☒ EOP ☐ MHCB HOUSING: ☐ RC ☐ GP ☐ CTC ☒ ASU ☐ PSU/SHU ☐ OTHER

Marital Status: S Ethnicity: Cauc Controlling Offense: _____ Custody Level: _____ EPRD: _____

Reason for Suicide Risk Evaluation (check one of the following):

- ☐ To determine the need for referral to the Crisis (MHCB) program
☐ To assist with the discharge planning from CCCMS, EOP, or MHCB program

☒ To formulate treatment planning

☐ Other: _____

Sources of Information: ☐ C/O or Staff Interview ☒ I/M Interview

☐ UHR

☐ C-File

USE THIS CHECKLIST AS A GUIDE FOR THE CLINICAL ASSESSMENT OF SUICIDE RISK:

DRAFT

Static Risk Factors - (unchanging, historical):

- ☒ Ethnicity ☒ Sex Offender
☐ History of Violence
☒ History of substance abuse denies

- ☒ Suicide ideation/threats in past, Dates: recent 5 day 5/4 9-12-06
☐ Previous suicide attempts (when and method): age 16-17 attempted hanging
☐ Family history of suicide
☐ History of mental illness, Axis I Dx: 1/1 seen on 5/4 at staff, refused, no chart available, no prior contact 2 1/4

Slowly Changing Risk Factors - (long-term risk factors):

- ☐ First prison term
☐ Long or life sentence, three strikes
☒ Hx of poor impulse control or poor coping skills
☐ Early in prison term

- ☐ Known new court proceedings/disciplinary actions
☒ Current Ad Seg, SHU or PSU terms
☐ Level 4 custody score
☐ Chronic, serious or terminal illness

Protective Factors:

- ☒ Family support
☒ Children at home 4 mos
☒ Religious support
☒ Spousal support 5/0
☐ Supportive friends
☐ Helping others
☐ Insight into problem
☐ Realistic life plan
☐ Exercises regularly
☐ Group activities
☐ Job assignment
☐ Other: _____

Dynamic Risk Factors - (short-term risk factors; continue to assess):

- ☒ Recent suicidal ideation, acute/chronic OHU
☒ Recent release from psychiatric hospital
☐ Sudden calm following suicidal ideation/attempt
☒ Anxious, agitated or fearful
☒ Disturbance of mood (depression or mania)
☒ Affective instability or lability
☐ Current insomnia, poor appetite or anorexia
☒ Lack of perceived support system
☒ Hopelessness or helplessness
☒ Feelings of guilt or worthlessness self esteem very poor
☒ Fearful for safety "I don't want to be beat up"

- ☒ Anniversary of important loss
☒ Recent rejection or loss does not yet have personal belongings
☒ Single-cell placement
☒ Significant current impulsivity
☒ Recent suicide attempt or self-injury
☐ Well-planned or highly lethal attempt / ideation
☐ Hoarding or cheeking medication
☒ Poor compliance with treatment or medication
☐ Recent trauma or threat to self-esteem
☐ Recently assaultive or violent
☐ Pre-death behavior e.g. note, give things away

Evaluation of Risk Based On Above Factors, Interview of Inmate and other information:

Summarize: Prior COCD SE attempts by hanging. First attempt age 16-17 (1/1 could not recall exactly) precipitating factor "I was depressed." Just finishing a 5 day 5/4 9-12-06 per 1/1 report.

☐ No Apparent Significant Risk ☐ Low Risk ☐ Moderate Risk ☒ High Risk ☐ Conditional Risk

Recommendation / Plan (check all that apply):

- ☒ No referral needed
☒ Referral to Primary Clinician/Case Manager
☐ Referral to Psychiatrist for medication review

- ☐ Discharge to lower level of care
☐ Crisis bed placement on suicide-precaution
☐ DMH referral
☒ IDTT/TX plan to address risk factors

Additional Comments:

1/1 appears to be vulnerable to predators, does state level 4 incarceration & minor. Does not view himself as predator, lean stature.

Clinician Name/Title: WONIEWSKI

Signature: DeMunich-PyD

Date: 9-14-06

Institution: SP

MENTAL HEALTH
 SUICIDE RISK ASSESSMENT
 CDC XXXX (1/04)

Confidential Client/Patient Information
 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

Last Name: HOPKINS First Name: KEITH MI: _____

CDC # F38525 DOB 3-27-84

EXHIBIT

C

California Medical Facility

PSYCHIATRIST PROGRESS NOTE

Department of Corrections and Rehabilitation

Page 1

Date 7/19/07

Opening

Medication	Directions		Expires	Physician	Target Sx
Aripiprazole 30mg Tab 1 Tab Qhs	Dot	Dot	9/25/07	Soufi	voices
Paroxetine 40mg Tab 1 Tab Qd	Dot	Dot	9/25/07	Soufi	depress
Hydroxyzine 50mg 1 Cap Qid Prn Agitat.	Dot	Dot	9/25/07	Soufi	anxiety
Diphenhydramine 25mg 3 Tabs Qhs Prn		Dot	9/25/07	Soufi	
Selenium Sul 2.5% Lot 120 Apply To Affect Area X 5 Min.then Rinse,2-3x/wk			8/1/07	Uppal	
Body Lotion Gn 437ml Apply To Affected Area Daily			8/1/07	Uppal	
Enteric Aspirin 325mg 1 Tab Qday	Dot	Dot	8/1/07	Uppal	
Multivitamin Plain 1 Tab Qday	Dot	Dot	8/1/07	Uppal	

The Controlling Axis I Diagnosis for this patient is:

Adjustment Disorder with Mixed Disturbance of Emotions and Conduct

change to
~~Bipolar Depressed with Psychotic features~~
~~on partial remission~~ *p/o schizoaffective*
~~Depressed type~~

Axis II *possible*
 Axis III *underweight*
 None

AIMS Date
 7/19/07
 9/25/07

Keyhea Expires

Allergies

6

Weight (lbs)	135	147				
Date	6/27/07	7/19/07				
% Change	0%					

Reason Seen

Psychiatry Clinic

Previous Suicide Attempts Yes

Number of Previous Attempts 20

Year of Last Attempt

2007

Side Effects

There is NO evidence of any side effects.

Daguta

Daguta

Date 7/19/07

PSYCHIATRIST PROGRESS NOTES

MH 3
Page 1

Confidential Patient/Client Information

Department of Corrections
and Rehabilitation

State of California

LEVEL OF CARE

EOP

CDC# F38525

Last Hopkins

First Keith

DOB 3/27/84

Institution CMF

Eth Whi

House M-207u

California Medical Facility

PSYCHIATRIST PROGRESS NOTE **Page 1**

Department of Corrections and Rehabilitation

Date **6/26/07**

Opening

Medication	Directions	Expires	Physician	Target Sx
Aripiprazole 30mg Tab 1 Tab Qhs	Dot	6/30/07	Sutton	A.H.
Paroxetine 40mg Tab 1 Tab Qd	Dot	6/30/07	Sutton	Dog
Hydroxyzine 50mg 1 Cap Qid Prn Agitat.	Dot	6/30/07	Sutton	Agit.
Diphenhydramine 25mg 3 Tabs Qhs Prn Insomn.	Dot	6/30/07	Sutton	Insomn.
Acetaminophen 325mg Tab 2 Tabs Qid Prn Pain	Dot	6/30/07	Sutton	

The Controlling Axis I Diagnosis for this patient is:

I - (Schiz. Del.)
 Bip. D. (NOS)

Axis II

Axis III

AIMS	Date

Keyhea Expires

Allergies

Weight (lbs)

149

Date

6-27-07

% Change

Reason Seen

Psychiatry Clinic

Previous
Suicide AttemptsNumber of
Previous Attempts

Year of Last Attempt

Side Effects

PSYCHIATRIST PROGRESS NOTES

MH 3
Page 1

Confidential Patient/Client Information

Department of Corrections
and Rehabilitation

State of California

LEVEL OF CARE

EOP

Soufi

Date **6/26/07**CDC# **F38525**Last **Hopkins**First **Keith**DOB **3/27/84**Institution **CMF**Eth **Whi**House **M-207u**

Department of Corrections and

PSYCHIATRIST PROGRESS NOTE

Page 2

Subjective

(8-25-2010 = Rel)

"H. of previous 'Isolation'"

Objective

Sleep 2h. "Racing Thoughts"

2 m. ago Had AH "before"

Ability"

"good mood" no SI/HI.

Assessment

Bip. D (WAF)

Plan

1- to initiate a EOP L.O.C.

Polypharmacy/Medication not matching Diagnosis

Date 6/26/07 Psychiatrist

Soufi

PSYCHIATRIST PROGRESS NOTES

MH 3

Page 2

Confidential Patient/Client Information

Department of Corrections
and Rehabilitation

State of California

LEVEL OF CARE

EOP

CDC# F38525

Last Hopkins

First Keith

DOB 3/27/84

Institution CMF

Eth Whi

House M-207u

DEPARTMENT OF MENTAL HEALTH

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY

NARRATIVE

GUIDELINE CATEGORIES	NARRATIVE
IDENTIFICATION DATA	① 23 y/o w m from M3
ALERTS	② Several SAs - Last SA by hanging
MENTAL STATUS	few weeks ago at S. Q. was
PHYSICAL STATUS	admitted to S2 for pt for couple of
ADMITTING DSM DIAGNOSIS	weeks, transferred A3, where
TREATMENT RECOMMENDATION	he informed another client his
PLANS (INCLUDING MEDICATIONS AND TREATMENTS)	offense; so was transferred reportedly
	to M3 - Ad Sec for safety on 3 days
	ago. States did not receive his Pined
	there "relaxed" "voices returned
	that I am no good, kill myself!"
	Verbalized SA by hanging to col - Staff...
	Denies suicide plan currently.
	Contracting for safety. Refs depression 7/1
	"I feel better here" "Ad Sec stressed me"
	Setting to return to A3.
	③ Long male, thin, unshaven, marginal groom
	Good eye contact. Clear speech. Linear T
	Dysphonic mood, blunted affect. SI as ab
	④ H. OX3. 115' - limited. Infirmity D.
	⑤ H10 HTN
	Axis I: Adf D10c depressed mood.
	Axis II: Mood D10 NOS
	Axis III: BPD
	Axis IV: Nursing
	Axis V: GAF 30
	⑥ H10 HTN
	Axis V: GAF 30
	⑦ 3/7: See P.M.D. under
	Injured (current)
	Pp wants to
	continue
	current pred
	safety needs
	learnance.
	M.O.
	SIGNATURE
	DATE

NAME (PRINT)

M.O.

SIGNATURE

M.O.

DATE

ADMISSION MENTAL STATUS EXAM
PRELIMINARY TREATMENT PLAN
PHYSICIAN'S ADMISSION NOTE

CONFIDENTIAL PATIENT INFORMATION
SEE M.H. CODE SECTION 11100

1/1/07 (1/1/07) - 1/1/07

Hopkins Keith

F-38525

3/27/84

ONE RECORD

PHYSICIAN'S ADMISSION NOTE

SI RISK ASSESSMENT CHECK

LOC: ☐ NONE ☒ CCCMS ☐ EOP ☐ MHCB HOUSING: ☐ RC ☐ GP ☐ CTC ☒ ASU ☐ PSU/SHU ☐ OTHER
 Marital Status: S Ethnicity: Chicano Controlling Offense: PC-288 Custody Level: _____ EPRD: _____

Reason for Suicide Risk Evaluation (check one of the following):

- ☐ To determine the need for referral to the Crisis (MHCB) program
☐ To assist with the discharge planning from CCCMS, EOP, or MHCB program

- ☒ To formulate treatment planning
☐ Other: _____

Sources of Information: ☒ C/O or Staff Interview ☒ I/M Interview ☐ UHR ☐ C-File

USE THIS CHECKLIST AS A GUIDE FOR THE CLINICAL ASSESSMENT OF SUICIDE RISK:

DRAFT

Static Risk Factors - (unchanging, historical):

- ☒ Ethnicity ☒ Sex Offender ☒ Suicide ideation/threats in past, Dates: _____
☐ History of Violence ☒ Previous suicide attempts (when and method): Murder
☒ History of suicide attempt in CDCR ☐ Family history of suicide
☐ History of substance abuse ☐ History of mental illness, Axis I Dx: _____

Slowly Changing Risk Factors - (long-term risk factors):

- ☒ First prison term ☐ Known new court proceedings/disciplinary actions
☐ Long or life sentence, three strikes ☒ Current Ad Seg, SHU or PSU terms
☐ Hx of poor impulse control or poor coping skills ☐ Level 4 custody score
☐ Early in prison term ☐ Chronic, serious or terminal illness
☒ Protective Custody ☒ Current MHSP inmate

Dynamic Risk Factors - (short-term risk factors; continue to assess):

- ☒ Recent suicidal ideation, acute/chronic ☒ Suicidal plan, acute/chronic, lethality
☐ Recent release from psychiatric hospital ☐ Anniversary of important loss
☐ Sudden calm following suicidal ideation/attempt ☐ Recent rejection or loss
☐ Anxious, agitated or fearful ☐ Single-cell placement
☒ Disturbance of mood (depression or mania) ☐ Significant current impulsivity
☒ Affective instability or lability ☒ Recent suicide attempt or self-injury
☐ Current insomnia, poor appetite or anorexia ☒ Well planned or highly lethal attempt/ideation
☐ Lack of perceived support system ☐ Hoarding or cheeking medication
☐ Hopelessness or helplessness ☐ Poor compliance with treatment or medication
☐ Feelings of guilt or worthlessness ☐ Recent trauma or threat to self-esteem
☒ Fearful for safety ☐ Recently assaultive or violent
☐ Pre-death behavior e.g. note, give things away

Protective Factors:

- ☒ Family support
☐ Children at home
☐ Religious support
☐ Spousal support
☐ Supportive friends
☐ Helping others
☐ Insight into problem
☐ Realistic life plan
☐ Exercises regularly
☐ Group activities
☐ Job assignment
☐ Other: _____

Evaluation of Risk Based On Above Factors, Interview of Inmate and other information:

Summarize: _____

- ☐ No Apparent Significant Risk ☒ Low Risk ☐ Moderate Risk ☐ High Risk ☐ Conditional Risk

Recommendation / Plan (check all that apply):

- ☒ No referral needed ☐ Discharge to lower level of care ☐ DMH referral
☒ Referral to Primary Clinician/Case Manager ☒ Crisis bed placement on suicide precaution ☐ IDTT/TX plan to address risk factors
☐ Referral to Psychiatrist for medication review ☒ SHU Placement

Additional Comments: _____

Clinician Name/Title: S. Dyre

Signature: [Signature]

Date: 9/30/06 Institution: SD

MENTAL HEALTH
 SUICIDE RISK ASSESSMENT
 CDC XXXX (1/04)

Confidential Client/Patient Information
 STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

Last Name: Hopkins

First Name: Keith

MI: _____

CDC # F38525

DOB 3/27/84

State of California, Department of Corrections - Institution: SQ Prior Page Number: 2 of 3

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
1/28/07	awake and alert, disheveled, coopera-
12/17	tive, marked tremor @ hand and toe-
(cont.)	tapping both feet, speech is normal,
	affect constricted with little reactivity
	or range, mood "depressed," thought
	form is normal, anxiety screening all
	negative, no psychotic symptoms of
	any kind except "voices." Denies H.I.
	Current MHTS principal diagnosis is
	"bipolar NOS."
	A - I am not able to elicit a history
	consistent with bipolar diagnosis -
	exhibits adult antisocial behavior and
	possibly antisocial personality disorder -
	clearly suffers from EPS i.e. tremor,
	apathia and blunted affect - no need
	for Cogentin in addition to the already
	heavy anticholinergic load of the Thora-
	quin - no need to give Papal bid
	I depressive disorder NOS
	psychotic disorder NOS, provisional
	medication-induced movement disorder
	adult antisocial behavior
	Mosho T. ROSKO
	(cont.) Page #

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE OHU Inpatient Outpatient	Last Name: First Name: MI: HOPKINS, K. ATC/1/1/07 CDC # F-38525 DOB 3/27/84
--	--	---

State of California, Department of Corrections -- Institution: _____

Prior Page Number: _____

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
9/27/06 4pm	<p>(S) 22 y/o Caucasian ♂ escorted to TTA for trying to hang himself on Carson. He has a long hx of mental illness (bipolar d/o NGS w/ psychotic features). He is on SSRI on the outside w/ a conservator. Appetite WNL. He is in Ad-Seg for a fight (115) & is in PC for sex w/ a woman. Fearful & anxious about 5 year sentence.</p> <p>(C) Speech is WNL. Mood Depressed & I'm tearful. Thoughts are concrete & judgment is poor & insight is poor. He stated he was going to die so he could show his girlfriend "how messed up my head is." He is oriented x 4.</p> <p>(A) 22 y/o Caucasian ♂ who is acutely dangerous to self. Depressive p/o w/ psychotic features. He is presenting as impulsive & suicidal.</p> <p>(P) place in OK - pt. is acutely dangerous to self & meets criteria. N/A as H&K, B&D.</p>
	Page # _____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Last Name:	First Name:	MI:
MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	Inpatient Outpatient	Hopkins F38525		
		CDC #	DOB	

SAN QUENTIN
OUTPATIENT HOUSING UNIT RELEASE SUMMARY

Date placed in the OHU: 9/30/06Date released from the OHU: 10/3/06on: Psychiatric Observation ☐Suicide Precautions ☒Suicide Watch ☐Reason for placement in the OHU: 22 year old Caucasiansingle, W.C. admitted for
unwarranted self-harm riskCourse: potentialthe respondent
well to conservative manage
ment without complicationsReason for release (or transfer) from the OHU: maximized benefitRelease to: Housing Unit ☐ [RC] [GP] [AdSeg] [CDM] in: CCCMS [EOP] // MHC ☐ // DMH ☐Diagnosis: M. JahnDE - W.C.Treatment Plan: PRIL - 30 mg bidCiloz - 450 mg m + 900 mg kAnticipated Outcome: maintain 5 yearsDr. Foster,Dr. Foster,Follow-up: Dr. Van Volkenburg - 5 day FL☐ 1-Day Case Manager Follow-up☒ 5-Day Suicide Risk custody Rounds☒ SUICIDE RISK ASSESSMENT CHECKLIST completed.Date: 10/3/06Clinician: [Signature]Inmate's Name: Hopkins, KeithCDC Number: F385253/27/84

SAN QUENTIN
OUTPATIENT HOUSING UNIT RELEASE SUMMARY

ate placed in the OHU: 10/12/06 Date released from the OHU: 10/16/06

on: Psychiatric Observation ☒ Suicide Precautions ☒ Suicide Watch ☐

Reason for placement in the OHU: 22 year old, Caucasian,

single NC. admitted for
management. OK self-harm

Course: risk. PI - continues to
express suicidal thoughts
& has not responded
well to OHU-stabilization

Reason for release (or transfer) from the OHU: needs higher
level of care

Release to: Housing Unit ☐ [RC] [GP] [AdSeg] [CDM] in: {CCCMS} {EOP} // MHCB ☐ // DMH ☐

Diagnosis: Bipolar De

Treatment Plan: Paxil - 30mg/a + 40mg/h
Risperdal - (m) - 3mg/h
LiCo3 - 450mg/day

Anticipated Outcome: GUARDED PROGNOSIS
(Consider FOR CMF-DMH - acute care)

Follow-up: TRANSFER to CMF-MHCB - Bed #5110

☐ 1-Day Case Manager Follow-up per APPROVAL of Jody Hutchinson
☐ 5-Day Suicide Risk custody Rounds ☒ SUICIDE RISK ASSESSMENT CHECKLIST completed.

Date: 10/16/06 Clinician: [Signature]

Inmate's Name: Hopkins, Keith CDC Number: F38525

*Official package done to DMH 1000-3/27/84

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

KEITH E. HOPKINS

Petitioner,

v.

SUSAN L. HUBBARD, Warden,
Respondent.

CASE No. C 07-5624 JF (PR)

PROOF OF SERVICE

I, the undersigned, hereby certify that I am over the
age of eighteen years and am not a party to the above
entitled action.

On MAY 11, 2008, I served a copy of

Traverse to respondents answer, and exhibits.

by placing said copy in a postage paid envelope addressed
to the person(s) hereinafter listed, by depositing said
envelope in the United States Mail:

(List all person(s) served in this action.)

Office of the clerk, U.S. District court
Northern District of California
280 South First Street, Room 2112
San Jose, California 95113-3095

DEPARTMENT OF JUSTICE
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, California 94102-3664

I declare, under the penalty of perjury, that the
foregoing is true and correct.

DATED: MAY 11, 2008

Willie Dawson
Declarant's signature

Willie Dawson
Declarant's printed name

Keith E. Hopkins, F 23525
California Medical Facility
P.O. Box 2000, Vacaville, CA,

95696-2000

CAMEL FACILITY

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